

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>CHANGE OF CORRESPONDENCE ADDRESS</b> <b>Patent</b> Address to: MS Post Issue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Patent Number	6,905,681
	Issue Date	June 14, 2005
	Application Number	09/349,915
	Filing Date	July 8, 1999
	First Named Inventor	Carl H. June
	Attorney Docket Number	0036119.00125US10

Please change the Correspondence Address for the above-identified patent to:

☒ The address associated with Customer Number:   
**OR**

☐ **Firm or  
Individual Name**

**Address**

<b>City</b>	<b>State</b>	<b>ZIP</b>
<b>Country</b>		
<b>Telephone</b>	<b>Email</b>	

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).

I am the:

- ☐ Patentee.
- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 39,850.

Signature /Colleen Superko/Typed or  
Printed Name Colleen SuperkoDate July 20, 2006Telephone (617) 526-6000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".

☐ \*Total of 1 forms are submitted.